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7590

11/20/2003

Matthew M. Jakubowski
 Brooks & Kushman P.C.
 Twenty-Second Floor
 1000 Town Center
 Southfield, MI 48075

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Susan L. Paquin	(Depositor's name)
<i>Susan L. Paquin</i>	(Signature)
February 18, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/761,465	01/16/2001	Robert J. Koffron	KOFF 0124 PUS	5262

TITLE OF INVENTION: VORTEX INHIBITOR WITH SACRIFICIAL ROD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	02/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KASTLER, SCOTT R	1742	266-045000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Brooks Kushman P.C.

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Tetron, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

28009 Hickory Drive
 Farmington Hills, MI 48331

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-3978 (enclose an extra copy of this form).

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(Authorized Signature) Matthew M. Jakubowski (Date) 02/18/04

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02/25/2004 MDANTE2 00000180 09761465

01 FC:2501

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